

1999 CONGRESSIONAL OBSERVANCE
OF AFRICAN AMERICAN HISTORY
MONTH—FRANCE EXPRESSES
GRATITUDE TO UNITED STATES
VETERANS OF WORLD WAR I

SPEECH OF

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 10, 1999

Mr. RANGEL. Mr. Speaker, as we celebrate African American History Month, I would like to take this opportunity to offer a particular tribute to two great African American World War I Veterans, who are residents of Harlem. Both served on active duty in France.

Although 80 years later, Mr. Herbert W. Young, now 112 years old, and Mr. Robert Thomas, now 103 years old, will receive the French Legion of Honor Medal on February 22, 1999, during a special ceremony in their honor. The ceremony will be held at the French Consulate in New York. Both men plan to attend. Mr. Young is recognized as the oldest living veteran.

Mr. Young served in the United States Army, Company E, 807th Pioneer Infantry from August 1, 1918 through July 11, 1919, and attained the rank of Corporal. Mr. Thomas served in the United States Army, Company A, 815th Pioneer Infantry from July 11, 1917, through August 7, 1919, and attained the rank of Private.

The French government will mark the upcoming 80th anniversary of the Armistice of World War I by conferring the Legion of Honor on Americans, in particular, and other allied veterans of the Great War. The Legion of Honor is France's highest decoration, and is being awarded to veterans who took part in the 1914–1918 war on French soil.

The United States entered World War I “to make the world safe for democracy.” Although African Americans were denied democratic rights in the United States, they supported the war effort in surprising numbers. W.E.B. Du Bois, editor of *The Crisis*, called on African Americans to “close ranks” despite segregation, hoping that military participation would earn African American civil rights after the war. Upon demobilization, African Americans returned to their homes to face continued segregation, discrimination and racial violence.

All Americans owe a special debt of gratitude to these two men. Despite segregation, discrimination, and bitter disappointment, they defended American's freedom and democracy with their very lives. We salute them, we honor them, we thank them for the unselfish and extraordinary sacrifices, and contributions they made to the country and the world.

INTRODUCTION OF THE MEDICARE
SUBSTITUTE ADULT DAY CARE
SERVICES ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 11, 1999

Mr. STARK. Mr. Speaker, I am pleased to rise with a number of my colleagues to intro-

duce The Medicare Substitute Adult Day Care Services Act. This bill would improve home health rehabilitation options for Medicare beneficiaries and simultaneously assist family caregivers with the very real difficulties in caring for a homebound family member.

As Congress turns needed attention to modernizing the Medicare program, this bill is an important step in that direction. It would update the Medicare home health benefit by allowing beneficiaries the option of choosing an adult day care setting for the provision of home health benefits rather than confining the provision of those benefits solely to the home.

More specifically, the Medicare Substitute Adult Day Care Services Act would incorporate the adult day care setting into the current Medicare home health benefit. It would do so by allowing beneficiaries to substitute some, or all, of their Medicare home health services in the home for care in an adult day care center (ADC).

To achieve cost-savings, the ADC would be paid a flat rate of 95 percent of the rate that would have been paid for the service had it been delivered in the patient's home. The ADC would be required, with that one payment, to provide a full day care to the patient. That care would include the home health benefit AND transportation, meals and supervised activities.

Above the 95 percent reimbursement limitation there are additional inherent cost savings in the ADC setting. In the home care arena, a skilled nurse, a physical therapist, or any home health provider must travel from home to home providing services to one patient per site. There are significant transportation costs and time costs associated with that method of care. In an ADC, the patients are brought to the providers so that a provider can see a larger number of patients in a shorter period of time. That means that payments per patient for skilled therapies can be reduced in the ADC setting compared to the home health setting.

As an added budget neutrality measure, the bill includes a provision that would allow the Secretary of Health and Human Services to change the percentage of the payment rate for ADC services if growth in those services were to be greater than current projections under the traditional home health program.

This bill is not an expansion of the home health benefit. It would not make any new people eligible for the Medicare home health benefit. Nor would it expand the definition of what qualifies for reimbursement by Medicare for home health services.

In order to qualify for the ADC option, a patient would still need to qualify for Medicare home health benefits just like they do today. They would need to be homebound and they would need to have a certification from a doctor for skilled therapy in the home.

All the bill would do is recognize that ADC's can provide the same services, at lower costs, and include the benefits of social interaction, activities, meals, and a therapeutic environment in which trained professionals can treat, monitor and support Medicare beneficiaries who would otherwise be at home without professional help. All of these things aid the rehabilitation process of patients.

The bill includes important quality and anti-fraud protections. In order to participate in the

Medicare home care program, adult day care centers would be required to meet the same standards that are required of home health agencies. The only exception to this rule is that the ADC's would not be required to be “primarily” involved in the provision skilled nursing services and therapy services. They would have to provide those services, but because ADC's provide services to an array of patients, skilled nursing services and therapy services may not always be their primary activity. Otherwise, all the home health requirements would apply to ADC's.

Here is an example of how the system would work if this bill were law. A patient is prescribed home care by his or her doctor. At that time the patient and his or her family decide how to arrange for the services. They could choose to receive all services through the home, or could choose to substitute some adult day care services. So, if the patient had 3 physical therapy visits and 2 home health aide visits, they could decide to take the home health aide visits at home, but substitute 3 days of ADC services for the physical therapy visits. On those days, the patient would be picked up from home, taken to the ADC, receive the physical therapy, and receive the additional benefits of the ADC setting (group therapy, meals, socialization, and transportation). All of these services would be incorporated into the payment rate of 95 percent of the home setting rate for the physical therapy service. It is a savings for Medicare and an improved benefit to the patient—a winning solution for everyone.

Adult day care centers (ADC's) are proving to be effective, and often preferable, alternatives to complete confinement in the home. States are taking advantage of their services for Medicaid patients today. Homebound people can utilize these centers because they provide door-to-door services for their patients. ADC's send special vehicles and trained personnel to a patient's home and will go so far as to get the patient out of bed and transport them to the ADC site in specially equipped vehicles. Without this transportation component, homebound patients would not be able to utilize such a service.

For certain patients, the ADC setting is far preferable to traditional home health care. The ADC can provide skilled therapy like the home health provider, but also provide therapeutic activities and meals for the patients. These centers provide a social setting within a therapeutic environment to serve patients with a variety of needs. Thus, patients have the opportunity to interact with a broad array of people and to participate in organized group activities that promote better physical and mental health. Rehabilitation can be enhanced in such a setting.

Again, it is important to note that ADC care provides an added benefit to the caregivers for frail seniors or disabled individuals. When a Medicare beneficiary receives home health services in the home, these providers are not in the home all day. They provide the service they are paid for and then leave. Many frail seniors cannot be left alone for long periods of time and this restriction prevents their caregivers from being able to maintain employment outside of the home. If the senior were receiving ADC services, they would receive

supervised care for the whole day and the primary caregiver would be able to maintain a job and/or be able to leave the home for longer periods of time.

This is a small step forward for rehabilitation therapy for seniors and disabled individuals. Eligibility for the home health benefit is not changed so it is not an expansion of the benefit. Patients would greatly benefit from the option of an adult daycare setting for the provision of home health services. I look forward to working with my colleagues to enact this incremental, important Medicare improvement.

MR. AMIGO 1998

HON. SOLOMON P. ORTIZ

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 11, 1999

Mr. ORTIZ. Mr. Speaker, I rise today to commend the 1998 "Mr. Amigo," Jorge Ortiz de Pinedo, chosen recently by the Mr. Amigo Association of Brownsville, Texas, and Matamoros, Tamaulipas, in Mexico. Each year the Mr. Amigo Association honors a Mexican citizen with the title of "Mr. Amigo," and that person acts as a goodwill ambassador between our two countries.

Brownsville and Matamoros hold an annual Charro Days Festival, a pre-Lenten festival, much like Marti Gras in New Orleans. Charro Days festivities will last for several days; this year they will be February 25–28. There will be parades and appearances by Ortiz, who, incidentally, is not related to me, and who is an international actor, producer and director. Charro Days is an opportunity to enjoy the unique border culture of the Rio Grande Valley area.

During Charro Days, South Texas celebrate the food, music, dances and traditions of both the United States and Mexico. The U.S.-Mexican border has a unique, blended history of cowboys, bandits, farmers, fishermen, oil riggers, soldiers, scientists, entrepreneurs, and teachers.

The border has its own language and customs. On both sides of the border, there is a deep sense of history, much of which the border has seen from the front row. We have seen war and peace, we have known prosperity and bad times. Charro Days is a time for all of us to reflect on our rich history, to remember our past and to celebrate our future.

Ortiz, the 1998 Mr. Amigo, is widely known in Mexican-Latin American entertainment circles. He has performed in 75 theater productions, 23 feature films, 24 soap operas, nine comedies, and a host of other theater events and productions. He has directed hundreds of productions for Televista and produced over 35 theater events.

The Mr. Amigo Award was conceived in 1964 as a annual tribute to an outstanding Mexican citizen. Each year, the Mr. Amigo selection highlights a man or woman who has made a lasting contribution to international solidarity and goodwill.

I urge my colleagues to join me in commending Jorge Ortiz de Pinedo, the 1998 Mr. Amigo, as well as the cities of Brownsville and Matamoros, for their dedication to international

goodwill between the United States and Mexico.

TRIBUTE TO ST. FRANCES DE SALES SCHOOL

HON. BRAD SHERMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 11, 1999

Mr. SHERMAN. Mr. Speaker, I rise today to pay tribute to the St. Francis de Sales School in celebration of its 50th anniversary. In recognition of this occasion, the students, staff, teachers, parents, alumni, administration and clergy members are deserving of the heartiest congratulations and highest commendations.

Since its founding in 1948 by the Archdiocese of Los Angeles, St. Francis de Sales has established a proud tradition of encouraging students to study and live the Catholic tradition of proclaiming gospel values, community involvement, and of giving service to those in need.

The students of St. Francis de Sales should be commended for their contributions to the poor and less fortunate, by organizing regular food and donation drives benefitting needy organizations in the area.

It is because of the awareness and dedication of responsible citizens in our country, exemplified by the students of St. Francis de Sales School, that today's true role models can become more well known.

I take great pleasure in recognizing St. Frances de Sales School upon the occasion of its 50th anniversary, and I commend the students, staff, teachers, parents, administrators, and clergy members for the outstanding contribution they have made to the community over the years.

Please join me, on this monumental day, in saluting the very important contribution to excellence made by St. Frances de Sales School.

HOME TO STAY

HON. MICHAEL BILIRAKIS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 11, 1999

Mr. BILIRAKIS. Mr. Speaker, I would like to share a poem with my colleagues that was written by one of my constituents, Stanley Karczeuski. Stanley wrote this poem while he was serving aboard the SS *John Ainsworth* during World War II.

HOME TO STAY

I won't rejoice or boast or brag,
On that eventful day,
I'll just thank God I'm still alive,
And going home to stay.

I've counted days and months and years,
Since I have been away,
But now my counting days are done,
I'm going home to stay.

They wanted us to do a job,
Which was all work, no play,
And now the job is done, and I
Am going home to stay.

There'll be parades for heroes all,
And services to pray,
For both those men returning home,
And those who had to stay.

It's these thoughts while homeward bound,
Upon my mind do prey,
While those who fought and died remain,
I'm going home to stay.

So let us all in silence kneel,
And to our God we pray,
For lasting peace to those who fell,
While we go home to stay.

TAX TREATMENT OF TAX-EXEMPT BONDS UNDER ELECTRICITY DEREGULATION

HON. J.D. HAYWORTH

OF ARIZONA

HON. ROBERT T. MATSUI

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 11, 1999

Mr. HAYWORTH. Mr. Speaker, today my colleague Mr. MATSUI and I are introducing the Bond Fairness and Protection Act of 1999, a bipartisan compromise approach to addressing the tax consequences of electricity deregulation for tax-exempt bonds issued by municipally- or state-owned ("publicly-owned") utilities for the generation, transmission and distribution of electricity.

Despite the lack of federal legislation in the 105th Congress in this area, 18 states have already gone forward and begun to deregulate electricity at the state and local level. The era of competition has already started both for publicly-owned and investor-owned utilities operating in these states. Our home states of Arizona and California have taken significant steps down the road to deregulation. In Arizona, Salt River Project, a Phoenix-based municipal utility, has already opened up its territory to competition. While deregulation faced a setback last month, the Arizona Corporation Commission continues to work on a deregulation plan for all Arizona utilities that will benefit all ratepayers. In California, a statewide deregulation plan is already in operation.

Publicly-owned utilities have operated until now under a strict regime of federal tax rules governing their ability to issue tax-exempt bonds. These rules were enacted in an era that did not contemplate electricity deregulation. These so-called "private use" rules limit the amount of power that publicly-owned utilities may sell to private entities through facilities financed with tax-exempt bonds. For years, the private use rules were cumbersome but manageable. As states deregulate, however, the private use rules are threatening many communities that are served by public power with significant financial penalties as they adjust to the changing marketplace. In effect, the rules are forcing publicly-owned utilities to face the prospect of violating the private use rules, or walling off their customers from competition, and in either case raising rates to consumers—the precise opposite of what deregulation is supposed to achieve. The consumer can only lose when this happens.

The legislation that we are introducing today would protect all consumers by grandfathering